

For official use only Reference #	
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REQUEST FOR REIMBURSEMENT
ATV CLUB TRAIL MAINTENANCE GRANT

This form must be used to apply for reimbursement of expenditures incurred under the ATV grant agreement. To be eligible for full reimbursement, this request must be postmarked by January 30 and sent to the Department of Conservation, Bureau of Parks & Lands, ATV Program, Station #22, Augusta, Maine 04333. Supporting materials such as invoices and bills must be included, please include only **one** reimbursement form.

USE THE BACK OF THIS FORM FOR COMPUTATIONS AND ADDITIONAL SPACE

1. Brief explanation of work done: _____

2. Total Miles of club trails being maintained: _____

3.GAS:	_____	GALLONS	_____	@ \$	_____	TOTAL \$	_____
DIESEL:	_____	GALLONS	_____	@ \$	_____	TOTAL \$	_____

4. Materials Costs (Please Itemize on reverse side) _____ TOTAL: \$ _____

5. Equipment Costs(Please Itemize on reverse side) _____ TOTAL: \$ _____

6. Labor Costs Actually Paid (include worksheets and receipts) _____ TOTAL: \$ _____

7. Miscellaneous (Please Itemize on reverse side) _____ TOTAL: \$ _____

*** Note: Do not submit multiple reimbursement forms, submit one reimbursement form with a grand total from reverse side of this form.	GRAND TOTAL: \$ _____
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We, the undersigned, hereby certify that the costs reported on this form are true and accurate expenses incurred by this ATV Club, that they have been paid in full, and are comply with the terms of the ATV Club Grant-In-Aid Agreement.

_____	_____
DATE	NAME OF CLUB

_____	_____
PRESIDENT (signature)	TRAILMASTER (signature)

FOR BUREAU USE ONLY

Reimbursement Check Amount: \$ _____ Date: ____/____/____

MATERIAL COSTS

	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	TOTAL:	\$

EQUIPMENT COSTS

Equipment Type	Hours used		Per hour Rate	
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
				TOTAL: \$

LABOR COSTS

Person	Hrs. Wk.		Per Hour Rate	
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
		@	\$	Cost: \$
				TOTAL: \$

MISCELLANEOUS

	Cost:	\$
	Cost:	\$
	Cost:	\$
	Cost:	\$
	TOTAL:	\$

Transfer totals to front side of this form. If you have any questions, please contact the ATV Program office at 1-888-386-3288 or 287-4958.